Department of Health And Human Services

Public Health Service

Substance Abuse And Mental Health
Services Administration

Center For Substance Abuse Treatment

*Cooperative Agreement to Bridge the Gap: Phase II Implementation of
Community-Based Practice/Research Collaboratives*

SHORT TITLE: **PRC Implementation Program**
Guidance for Applicants (GFA) No. TI 01-001
Part I - Programmatic Guidance

Catalog of Federal Domestic Assistance (CFDA) No. 93.230

Under the authority of Section 509 of the Public Health Service Act,
as amended, and subject to the availability of funds, the SAMHSA
Center for Substance Abuse Treatment will accept applications in
response to this GFA for the receipt date of May 4, 2001.

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Director, Center for Substance Abuse Treatment

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Date of Issuance: January 2001

Part I - PROGRAMMATIC GUIDANCE
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[Note to Applicants: In order to prepare an application, PART II, "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements" (February 1999 edition), must be used in conjunction with this document, PART I, "Programmatic Guidance."]

Section I - OVERVIEW

Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of cooperative agreements to support the implementation of Practice/Research Collaboratives, hereinafter referred to as PRCs. This announcement solicits applications for cooperative agreements to implement the practice/research agenda that has been developed by community based stakeholders who are members of a Practice/Research Collaborative. Project support will enable grantees to build a self sustaining infrastructure, conduct studies which address PRC defined needs, and apply evidence based practices in community based treatment settings.

The overall purpose of the PRC program is to improve the quality of substance abuse treatment by increasing interaction and knowledge exchange among key community based stakeholders, including substance abuse treatment providers, researchers, policy makers, and a consumer representative. Prior to the Implementation Phase of the program, it is expected that the PRCs will have developed the necessary infrastructure to implement and evaluate the use of evidence based practices in community settings. Through these efforts, the PRCs will be able, over time, to make significant contributions to the field's knowledge and understanding about substance abuse treatment.

The PRC program is comprised of two types of grants: developmental grants and implementation cooperative agreements. In Fiscal Year 1999, the PRC program solicited applications for Developmental Grants under GFA TI 99-006. These grants supported activities related to the development of an operational structure, practice/research infrastructure and consensus-based knowledge development and application agenda. This announcement is a reissuance (with revisions) of the Fiscal Year 2000 GFA, TI 00-004, and is a solicitation for implementation grants only.

The cooperative agreement mechanism is being used because the complexity of the program requires substantive programmatic involvement of Federal staff. The cooperative agreement mechanism will allow the Federal Government or its representative contractors to provide technical assistance to sites,

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coordinate the development of cross site evaluation activities, collect and analyze data, and facilitate communication and coordination of these projects with other CSAT and SAMHSA programs and resources.

SAMHSA/CSAT released "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative" (NTP) on November 28, 2000. CSAT has incorporated proposals for the commencement of implementation of several of the Plan's recommendations into its FY 2001 and FY 2002 budget planning. This cooperative agreement program addresses NTP strategy Number IV, Commit to Quality.

For additional information about the NTP and how to obtain a copy, see Appendix A.

<u>Eligibility</u>

Applications for Implementation Cooperative Agreements may be submitted by domestic public and private nonprofit entities, such as community-based organizations, public or private universities, colleges, and hospitals, units of State or local government, and Indian Tribes and tribal organizations.

In order to accomplish the goals of the Phase II PRC Implementation Program, applicants must have an infrastructure in place. Therefore, applicants must provide written evidence that:
• an operational, community based PRC has been established in which providers participate as full partners with researchers, policy makers, a consumer representative, and other stakeholder groups;

C a formal organizational structure and statement of operating procedures, roles and responsibilities of stakeholder members and designated consumer representative have been developed and endorsed by stakeholder groups; and

• a formal needs assessment of PRC stakeholders has been conducted.

Please provide evidence of eligibility in Appendix 6 of the application. Applicants who do not provide documentation addressing these three specified areas will not be considered for review or funding.

It is estimated that $2.4 million will be available to support
approximately 6-7 Implementation awards under this GFA in
FY 2001. Awards are expected to range from $300,000 - $400,000 per
year in total costs (direct+indirect).

Period of Support

Support may be requested for a period of up to three years. Annual
awards will be made subject to continued availability of funds and
progress achieved.

Section II - PROGRAM DESCRIPTION

Supporting Documentation

There is a significant gap between community-based treatment
providers, policy makers, and researchers, according to the IOM
Report Bridging the Gap Between Practice and Research (Lamb, et
al.,1998). The IOM Report highlighted the increasing frustration of
substance abuse treatment providers with the failure of research to
provide them with relevant answers to important treatment questions.
Researchers and policy makers have been frustrated because research-
tested evidence based treatment innovations are not being utilized by
treatment providers. Community organizations exercise an
increasingly important role in providing supportive services to
substance abusers and their families, including education, referral
and social support. They
are frustrated by the lack of interaction and collaboration with
substance abuse treatment providers and researchers.

Given the current treatment gap (ONDCP,1998) and the environment of
fiscal constraint, there is a need to strengthen the substance abuse
service delivery system and help providers find answers to complex
treatment questions, develop practice/research agendas, participate
in research, and utilize the findings of research to improve the
effectiveness and cost-effectiveness of service delivery. Within this
context, it is also critical that individual community based
organizations develop new strategies for forming networks with others
working in a variety of settings, as well as forming partnerships
with researchers. An important goal of this program is to improve
the quality of substance abuse treatment services by increasing
interaction and knowledge exchange among key stakeholders, including
the research community, community based treatment providers and

policy makers. The PRCs are intended to create the environment necessary to assure that the substance abuse treatment research is relevant to the needs of the community and that the new approaches will be readily accepted if shown to be effective and useful.

With more practitioner involvement in knowledge application studies, it is far more likely that treatment providers will assume ownership and develop the expertise necessary to implement and sustain evidence based interventions. Without this transfer of ownership, a process which has been shown to work best if it is planned for and programmed into the research phase, there is little likelihood that the research will be adopted into practice (Altman, 1995). Practice/research agendas which are fostered by these collaboratives will address local and regional needs related to service system quality and effectiveness.

Target Population

The target population for this GFA is defined as community-based stakeholder groups who are involved in the conduct of substance abuse knowledge development studies and adoption of evidence-based practices. Specifically, the four essential stakeholder groups targeted by this GFA include community based substance abuse treatment providers, researchers, policy makers, and a consumer representative. Prevention groups and other community-based organizations may be included as stakeholders, but they are not required stakeholder groups under the Implementation Phase.

Program Plan

Goals

The PRC program was initiated by CSAT to promote effective, efficient and accessible community based treatment. The PRC program seeks to develop and sustain viable community based networks of substance abuse treatment providers, researchers, policymakers and consumers to implement and evaluate the adoption of evidence based clinical and service delivery practices that are responsive to locally defined needs.

The primary goal of the Implementation program is to enable formally established practice/research collaboratives to carry out a multi-faceted agenda of knowledge transfer and adoption activities and evaluation studies which has been developed and endorsed by community stakeholders.

<u>Cooperative Agreement - Roles</u>

Role of PRC Grantees:

PRC grantees are expected to participate in and cooperate fully with CSAT staff, its representative contractor(s) and other PRC grantees in the implementation and evaluation of the program. Activities include: (1) compliance with all aspects of the terms and conditions of the cooperative agreement; (2) adherence to SAMHSA's need for information related to the Government Performance and Results Act (GPRA); (3) cooperation with CSAT staff and representative contractor(s) in accepting guidance and responding to requests for information and data relevant to the program; (4) participation on policy steering or other working groups established to facilitate accomplishment of the project goals; (5) authorship or co-authorship of publications to make results of the projects available to the field. In addition, each PRC grantee will participate in the development and implementation of the cross site knowledge application process and outcome evaluation activities, which will be carried out post award. These evaluation activities will be consistent with GPRA requirements. Each PRC, in collaboration with CSAT staff and its representative contractor(s), will have responsibility, at its own site, for implementation of specified activities, data collection, quality control and preparation of SAMHSA/CSAT required reports.

Role of Federal Staff:

It is the responsibility of the CSAT project officer to monitor the overall progress of the program. The CSAT project officer will:

- provide technical assistance to grantees in implementing project activities throughout the course of a project;
- review and approve each stage of project activities;
- provide guidance on project design and study components;
- participate on the Steering Committee or project related work groups;
- conduct site visits to monitor the development and implementation of programmatic activities and/or engage consultants to advise on programmatic issues and conduct site visits;
- provide support services or outside consultants for training, evaluation and data collection activities;
- author or co-author publications to disseminate program findings; and

- provide technical assistance on strategies to enhance the dissemination and application of study findings.

Role of Steering Committee:

The Steering Committee will be comprised of the Project Directors from each of the PRCs and the CSAT Project Officer or designated CSAT staff member. Each member will have a single vote. The chair of the steering committee will be one of the grantees and will be appointed by the CSAT Director. CSAT staff will participate as full members of the subcommittees that are formed. The Steering Committee will operate by majority vote. SAMHSA/CSAT retains the authority to override recommendations made by the Steering Committee that are inconsistent with the goals of the GFA.

The Steering Committee will have responsibility for finalizing the plans for cross-site activities, reports and publications as well as for the development/refinement of common data measures for the cross-site evaluation.

The Steering Committee will also develop policies, consistent with the provisions of 45 CFR 74.36, on data sharing and access to data, materials, and publications. Publications will be written and authorship decided using procedures adopted by the steering committee. The quality of publications resulting from the project will be the responsibility of the authors, provided that a draft is provided to CSAT prior to publication. No additional CSAT/SAMHSA clearance will be required. (Note: Publications on which SAMHSA staff are included as authors or coauthors must receive internal agency clearance prior to publication.)

<u>Project Components</u>

The following project components must be conducted under the Phase II PRC Implementation Program. Applicants will be expected to carry out activities in each of these four areas.

1. **Core Program Activities** include activities in each of the following areas:

- **Staffing and Administration**, to include salaries and support for a limited number of key program and administrative support personnel; administrative support services such as supplies, telephone, computer support, etc.; and limited administrative and/or salary support for stakeholder organizations/staff;

C **Communications and Information Management Functions**, such as administrative and/or technical support to develop or maintain web sites, list serve, and other communications systems that ensure ongoing interaction and knowledge dissemination, development of data sharing/integration agreements and systems;

• **Stakeholder Meeting Support**, to include logistics and/or technical support services for stakeholder meetings, focus groups and/or knowledge exchange seminars, and/or forums.

2. PRC Network Enhancement Activities include a range of program activities which are designed to promote knowledge transfer and adoption by PRC stakeholders, and as appropriate, a broader base of treatment providers and community support groups. Network enhancement activities include the following:

• **Knowledge transfer activities** such as the use of web sites, clearinghouses, newsletters, workshops, conferences, and/or other mechanisms to disseminate and exchange new knowledge.

• **Knowledge adoption activities** such as the use of training workshops, peer/opinion leader networks, on site technical assistance, researcher/practitioner exchange programs, targeted to selected providers for the purpose of implementing one or more evidence based practices.

It is expected that grantees will conduct multiple network enhancement activities over the three-year period, including a minimum of two knowledge transfer and two knowledge adoption activities.

3. <u>Pilot and Knowledge Application Evaluation Studies</u> include, for the purpose of this GFA, activities and technical consultant services to develop and/or implement evidence based knowledge application studies. Studies may address a broad range of knowledge application areas such as screening, diagnosis/assessment, brief intervention and referral, clinical interventions, service delivery innovations, performance monitoring, etc. Two types of studies must be conducted:

• **Pilot Studies** are studies designed to lay the ground work for the adoption of clinical or service delivery practices in community based settings. It is expected that a grantee will implement **<u>multiple pilot studies</u>** during the course of the three year project period. It is assumed that the cost and period of support for a given pilot study will vary, depending upon the

amount of in-kind (e.g., involvement of graduate students) and the scope of the study. A given pilot study may not exceed $40,000 in direct costs and the length of the pilot study may vary (e.g., 6-18 months). It is anticipated that PRCs will use the information generated through pilot studies and the expertise developed within the PRC to develop their knowledge application evaluation studies and/or to access external funding sources, including public and private sector sources, to support full scale studies. Examples of pilot studies include the following:

- enhancing/modifying provider data bases needed to evaluate the implementation of clinical or service delivery practices, e.g., integrating management and clinical data systems;

- feasibility testing of a culturally competent or other adaptation of a clinical practice;

- instrument development and/or validation, e.g., development of fidelity measures; validation of a quality improvement protocol; and

- pretesting of knowledge adoption strategies, e.g., training protocols, identification of opinion leaders, practitioner/researcher exchange programs.

- **Knowledge Application Evaluation Studies** assess strategies for implementing evidence based clinical or service delivery practices on treatment providers and/or delivery systems. For the purpose of this GFA, an evidence based practice is any consistently applied clinical or service delivery practice or mechanism intended to improve outcomes for individuals with substance abuse problems and which has been demonstrated to be effective. To be evidence-based, a practice must have been tested and validated in more than one setting by one or more of the following means:

- formal evaluation and/or research studies have been reported in peer-reviewed publications;

- meta-analytic findings have been reported in peer-reviewed publications; and/or

- the practice has been fully documented so that it can be implemented with fidelity.

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Knowledge Application Evaluation Studies may incorporate a pre/post study design of one knowledge application strategy or a pre/post comparison of two or more knowledge application strategies, e.g., one-on-one consultation vs. group training/skill development. Examples of evaluation studies include the following:

- evidence-based clinical practices, e.g., adoption of screening/assessment instruments, patient placement criteria or manualized therapeutic interventions; programs to implement patient placement criteria; programs to train clients to utilize self management techniques following discharge from treatment; and

- evidence based service delivery system practices, e.g., strategies to improve treatment engagement, adoption of quality improvement and performance monitoring systems.

It is expected that grantees will conduct **at least two** Knowledge Application Evaluation Studies during the course of the three year project period. The estimated cost and period of support for each study will vary, depending on the amount of in-kind support (e.g., training manuals/materials) and the scope of the study. No single Knowledge Application Evaluation Study should exceed $75,000 per year in direct costs. The cooperative agreement will support only those costs associated with the implementation of the evidence based practice, (e.g., staff training) and with the evaluation of the practice (e.g., data collection and analysis). Costs associated with direct clinical service delivery cannot be supported under this grant.

4. Project Process Evaluation Activities refer to the site-specific process evaluation of the Implementation Phase, and will include at a minimum, an assessment of the following:

- changes in stakeholder knowledge, attitudes, and practices with respect to community based substance abuse research and knowledge application;

- changes in stakeholder level of understanding of one another's roles and contributions, as well as level of interaction;

- the extent to which goals and objectives of the PRC are implemented as planned, and to which barriers are identified and addressed;

- the extent to which the PRC addresses community concerns and interests with respect to research-to-practice issues; including the concerns of diverse ethnic and cultural client populations;

- documentation of the costs and benefits associated with establishing a PRC and carrying out an implementation plan; and

- the extent to which the PRC has improved capacity of stakeholders to submit and compete for external practice/research studies and programs.

Section III - PROJECT REQUIREMENTS

SUMMARY: Provide a brief (5 lines, 72 characters per line) abstract for the purpose of publications, reporting to Congress, press releases, etc., should the application be funded.

All applicants must provide the information specified below under the proper section heading. The information requested relates to the individual review criteria in Section IV of this announcement.

A. Review of Practice Research Collaborative Capability (Level One)

Description of PRC Structure and Operation

The applicant must:

1. provide evidence that an operational PRC has been established which includes at a minimum the following stakeholders: community based treatment providers, researchers, policy makers, and a consumer representative; e.g., describes when established, source(s) of support, activities to date, identifies stakeholders and their affiliated organizations and/or constituencies, describes the client populations served by treatment provider stakeholders;

2.   provide evidence that the PRC has a formal organizational structure and serves a targeted geographic area; e.g., describes the management structure, criteria for stakeholder membership, operational procedures, targeted geographic area;

3.   provide evidence that a needs assessment of stakeholders has been conducted and utilized to develop PRC priorities; e.g., describes the content, scope, and findings of a stakeholder needs assessment, describes how needs assessment findings are utilized to set PRC priorities.

B. Technical Merit of Implementation Plan (Level Two)

1. Project Description and Supporting Documentation

Applicants must describe in detail the significance of carrying out the PRC implementation plan and identify the expected results that are likely to occur if the grant is awarded. Specifically applicants must:

•   describe the problem(s) to be addressed and how they were identified as part of a needs assessment;

C   describe the steps that were taken to develop the implementation plan, including how stakeholders were involved, and document stakeholder endorsement of the implementation plan;

•   describe in outline format the goals and objectives of the implementation plan, and state how it addresses the identified problem(s); specify what PRC stakeholder groups are targeted by different implementation plan activities (refer to the stakeholders identified in Level I);

•   describe the potential barriers to project implementation and methods to overcome them;

•   describe the proposed project's expected contributions to the field, including how it will build and/or enhance capacity for PRC stakeholders to implement evidence based practices and how it will address community needs.

2. Project Approach/Plan

Applicants must describe in detail their proposed implementation plan that documents the practice/research needs of the PRC stakeholders and identifies activities to be undertaken in each of four project components: (1) core program activities (2) PRC network enhancement activities, (3) pilot and knowledge application evaluation studies and (4) project process evaluation activities. The following information must be included:

- a description of the specific activities proposed, how stakeholders are involved, and key steps involved in conducting the activities, including flow charts/projected time lines for project implementation, for each of the four project components identified above. The applicant must carry out activities in each of the four project components;
- a description of each proposed network enhancement activity to be conducted, including a minimum of two knowledge transfer and two knowledge adoption activities. For each network enhancement activity, describe the type of activity, when and how it will be conducted, who will be responsible for managing the activity, targeted participants, and how it relates the PRC practice/research agenda;

- a description of each pilot and knowledge application evaluation study to be conducted over the course of the three year project period, including a statement of objective, research question, study population, methodology, time line and estimated direct cost per study per year. Indicate how each study relates to the practice/research agenda developed by the PRC;

  (Note: The applicant should be aware that under the cooperative agreement, some modifications may be made to the proposed studies according to decision making procedures outlined in the cooperative agreement terms and conditions.)
- a detailed description of the plan to conduct a site specific project evaluation that will document implementation of the project, including the questions to be addressed, the evaluation design, qualitative and quantitative data to be collected, the methods and instruments to be used, the schedule for data collection and analysis, and plans to provide feedback from the evaluation to project stakeholders.

  Note: The applicant should be aware that some modifications to the process evaluation design and methodology may be required in order for sites to comply with cross-site evaluation activities and with GPRA reporting requirements. GPRA reporting

requirements may include standardized reporting on number and type of training events, participant satisfaction and the utility of information delivered at training events.

3. Sample Pilot and Knowledge Application Evaluation Studies: Design, Methodology, and Analysis Plan

For the purpose of evaluating the capability of the applicant to conduct pilot and knowledge application evaluation studies, two of the studies proposed under Project Approach/Plan must be described in detail. The applicant must fully describe the design and methodology for **one** proposed pilot and **one** proposed knowledge application evaluation study. The applicant must include the following information:

- For the proposed pilot study, state the study question and document, as appropriate, the study design and methodology, quantitative and/or qualitative data to be collected, the target population, and the analysis plan. If instrument or fidelity measurement development is proposed, specify the psychometric properties of standardized instruments or plans to document reliability and validity of project developed instruments.

- For the proposed knowledge application evaluation study, provide:

  - a detailed description of the clinical or service delivery practice,

  - a justification that the clinical or service delivery practice meets the GFA criteria for evidence based (see Section II);

  - a literature review which supports the use of the proposed implementation strategy;

  - a description of proposed methods for conducting baseline and follow up assessment of the treatment providers and/or service delivery system; and

  - a description of proposed quantitative and/or qualitative methods for conducting a process evaluation, including evaluation of the costs associated with implementation.

Address how the proposed design and methodology are responsive to the needs of the client population(s) served and adapted as needed to reflect ethnic, cultural, and/or gender issues.

Note: For studies which evaluate the adoption of evidence based practices, grantees are expected to comply with GPRA reporting requirements. In their applications, applicants should state the procedures that they will put in place to ensure compliance with GPRA. For a more detailed description of CSAT's GPRA Strategy, see Appendix B.

4. Project Management: Project Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

Project Implementation Plan

The applicant must present a plan for management of the project that is timely, realistic, and feasible, which includes the following:

- a description of how multi-organization and/or system arrangements will be implemented and monitored; and

- a schedule and time line of activities, events, reports and products. Schedules and time lines may be presented in chart form and included as Appendix 1 to the application.

Organization Capability

The applicant must:

- describe the capability and experience of the applicant/organization in project management; and

- describe the capability and experience of the applicant/organization in managing collaborative efforts involving multiple agencies and/or stakeholders.

Staff

The applicant must:

- describe the proposed staff, including key personnel and administrative staff, and technical consultants to be allocated to each of the four identified project components; include resumes and brief job descriptions; and

- describe the qualifications and appropriateness of key personnel, including in-kind and project supported representatives of stakeholder organizations, with respect to the diversity of the client population/community served by the PRC.

Equipment/Facilities

The applicant must:

- describe the availability and adequacy of facilities and equipment, including a description of in-kind equipment and/or facilities provided by PRC stakeholder organizations.

Budget and Other Support

The applicant must:

- describe the allocation of the total annual budget within the four project components, i.e., core program activities, PRC network enhancement activities; pilot and knowledge application evaluation studies and project process evaluation activities. No more than 40% of total program costs may be allocated to core program and network enhancement activities; and

- describe in-kind resources allocated by stakeholders and/or other community sources to the proposed project, as well as plans to obtain in-kind resources.

<u>Post Award Requirements</u>

Awardees will submit quarterly reports to CSAT. The fourth quarterly report of each year will be an annual report and will address the entire year. A final report at the end of the project period, summarizing project progress, problems, and alterations in approaches utilized is also required.

Up to three 2½-day grantee meetings will be held each year, presumably in Washington, DC, metropolitan area. Up to four project staff and/or consultants are expected to attend.

Grantees must provide information for SAMHSA to comply with GPRA reporting requirements.

Section IV - REVIEW OF APPLICATIONS

Guidelines

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

The IRG review will be conducted with two levels of review. At Level One, the IRG will limit its review to an evaluation of the extent to which the applicant meets the specified criteria in Section IV, A. Review of PRC Capability (Level One), items 1-3. Only those applications that pass the Level One review will receive further review.

For the IRG Level Two review, the reviewers will be asked to assign scores only to those applications that passed Level One review, and which they consider to have sufficient technical merit for program staff to consider for funding.

Applications that proceed to Level Two will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. The bulleted statements that follow each review criterion do not have weights. The assigned points will be used to calculate a raw score that will be converted to the official priority score.

The review criteria A (Level One) and B (Level Two) below correspond to subsections A and B in Section III above to assist in the application process. Therefore, it is important for applicants to follow carefully the following outline, headings, and subheadings when providing the requested information.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

Review Criteria

A. <u>Level One: Review of PRC Capability</u>

The following criteria will be used for the Level One review. Applicants must receive a "yes" to each of the following items:

1. The applicant demonstrates that an operational PRC has been established which includes at a minimum the following stakeholders: community based treatment providers, researchers, policy makers, and a consumer representative; e.g., describes when established, source(s) of support, activities to date, identifies stakeholders and their affiliated organizations and/or constituencies, describes the client populations served by treatment provider stakeholders;

2. The applicant demonstrates that the PRC has a formal organizational structure and serves a targeted geographic area; e.g., describes the management structure, criteria for stakeholder membership, operational procedures, targeted geographic area;

3. The applicant demonstrates that a needs assessment of stakeholders has been conducted and utilized to develop PRC priorities; e.g. describes the content, scope, and findings of a stakeholder needs assessment, describes how needs assessment findings are utilized to set PRC priorities.

B. <u>Level Two: Technical Merit of Implementation Plan</u>

The following criteria will be included in Level Two scientific/technical merit review of the Implementation Plan:

1. Project Description and Supporting Documentation (15 Points)

*   Extent to which the applicant describes the problem(s) to be addressed by the implementation plan and identifies how the proposed implementation plan addresses the problem(s);

*   Extent to which the process of developing an implementation plan, formulated on the consensus-based needs assessment, has been documented and stakeholder endorsement has been documented;

C   Extent to which the applicant clearly states the goals and
        objectives of the implementation plan, and ties these goals and
        objectives to identified stakeholder needs;

C   Extent to which potential barriers to project implementation
        and methods to overcome them are described; and

C   Extent to which the proposed project's expected contributions
        are documented.

2. Project Approach/Plan (35 Points)

C   Extent to which the objectives, stakeholder involvement, and key
        steps of the implementation plan are described for each of the
        four areas of program support/activity identified in the GFA,
        i.e., core program activities, PRC network enhancement
        activities, pilot and knowledge application evaluation studies
        and project process evaluation activities;

C   Extent to which the proposed network enhancement activities are
        clearly described and feasible to implement, include a minimum
        of two knowledge transfer and two knowledge adoption activities,
        and are responsive to the PRC practice/research agenda;

C   Extent to which the descriptions of all proposed pilot studies
        and knowledge application evaluation studies are adequate and
        responsive to the PRC practice/research agenda;

C   Extent to which the process evaluation is clearly described,
        identifies appropriate questions, and is adequately designed to
        achieve stated objectives; and

C   Documentation of willingness to comply with GPRA reporting
        requirements.

**3. Sample Pilot and Knowledge Application Evaluation Studies: Design
Methodology, and Analysis Plan (25 points)**

C   Extent to which the design, methodology, and analysis plan for
        the one sample pilot study are described and adequately address
        the practice/research priority specified, including statement of
        study question, the design, methodology, data to be collected,
        target population, psychometric properties of instruments, if
        applicable, and analysis;

C   Extent to which the design, methodology, and analysis plan for the one sample knowledge application evaluation study are documented and include the following: (l) a detailed description of the clinical or service delivery practice, (2) a well documented literature review supporting the adoption strategy, (3) a description of methods for conducting baseline and follow up assessment of the treatment providers and/or delivery system, and (4) proposed methods of conducting a process evaluation, including an assessment of the costs associated with implementation;

•   Extent to which the proposed studies are responsive to the needs of the client populations served by the treatment providers and/or systems and reflect ethnic, cultural and gender issues.

4. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (25 Points}

Project Implementation Plan

•   Extent to which the proposed project management plan includes a project schedule and time line for proposed activities, and is well described, timely, and feasible.

Organization Capability

•   Extent to which the applicant organization demonstrates capability and experience with respect to project management; and

•   Extent to which the applicant can demonstrate capability and experience in managing collaborative activities with other agencies or organizations.

Staff

•   Extent to which the proposed staffing pattern is appropriate and adequate for implementation of the project;

•   Extent to which the qualifications and experience of the project director, and other key personnel, including proposed consultants and subcontractors are adequate;

•   Extent to which the key personnel and stakeholder representatives reflect the diversity of the client population/community served by the PRC.

Equipment/Facilities

- Extent to which the applicant documents the adequacy and availability of facilities and equipment for the project, including any in-kind resources from stakeholder groups, if applicable.

Budget and Other Support

- Assurance from the applicant that no more than 40% of total costs are allocated to core program and network enhancement activities;

- Extent to which in-kind resources allocated by stakeholders and/or plans to obtain in-kind resources are described.

NOTE: Although the reasonableness and appropriateness of the proposed budget for the proposed project are not review criteria for the GFA, the Initial Review Group will be asked to consider these after the merits of the application have been considered.

Section V - SPECIAL CONSIDERATIONS/REQUIREMENTS

SAMHSA's policies and special considerations/requirements related to this program include:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2010 (The Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse.)
- Consumer Bill of Rights and Responsibilities
- Promoting Nonuse of Tobacco
- Letter of Intent
- Coordination with Other Federal/Non-Federal Programs (include documentation in Appendix 2)
- Single State Agency Coordination (include documentation in Appendix 3)
- Intergovernmental Review (E.O. 12372)
- Confidentiality/Human Subject Protection. The SAMHSA/CSAT Director has determined that projects funded under this program must meet SAMHSA Human Subject requirements.

Specific guidance and requirements for the application related to these policies and special considerations/requirements can be found in Part II in the section by the same name.

Section VI - APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 6/99), which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

TI 01-001 PRC Implementation Program

For more specific information on where to obtain application materials and guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following address.

> SAMHSA Programs
> Center for Scientific Review
> National Institutes of Health
> Suite 1040
> 6701 Rockledge Drive MSC-7710
> Bethesda, MD 20892-7710*

> *Applicants who wish to use express mail or courier service should change the zip code to 20817.

Complete application kits for this program may be obtained from the National Clearinghouse for Alcohol and Drug Information (NCADI), phone number: 800-729-6686. The address for NCADI is provided in Part II.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The schedule for receipt and review of applications under this GFA is as follows:

Receipt Date	IRG Review	Council Review	Earliest Start Date
May 4, 2001	Jun/Jul 2001	Sept 2001	Sept 2001

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Applications must be received by the above receipt dates to be
accepted for review. An application received after the deadline may
be acceptable if it carries a legible proof-of-mailing date assigned
by the carrier and the proof-of-mailing date is not later than 1 week
prior to the deadline date. Private metered postmarks are not
acceptable as proof of timely mailing. (NOTE: These instructions
replace the "Late Applications" instructions found in the PHS 5161-
1.)

CONSEQUENCES OF LATE SUBMISSION

Applications received after the above receipt dates will not be
accepted and will be returned to the applicant without review.

APPLICATION REQUIREMENTS/COMPONENT CHECK LIST

All applicants must use the Public Health Service (PHS) Grant
Application form 5161-1 (Rev. 6/99) and follow the requirements and
guidelines for developing an application presented in Part I
Programmatic Guidance and Part II General Policies and Procedures
Applicable to all SAMHSA Applications for Discretionary Grants and
Cooperative Agreements.

The application should provide a comprehensive framework and
description of all aspects of the proposed project. It should be
written in a manner that is self-explanatory to reviewers unfamiliar
with the prior related activities of the applicant. It should be
succinct and well organized, should use section labels that match
those provided in the table of contents for the Program Narrative
that follows, and must contain all the information necessary for
reviewers to understand the proposed project.

To ensure that sufficient information is included for the technical
merit review of the application, the Programmatic
Narrative section of application must address, but is not limited to,
issues raised in the sections of this document entitled:

   1.   Program Description
   2.   Project Requirements
   3.   Review of Applications

Note: It is requested that on a separate sheet of paper the name,
title, and organization affiliation of the individual who is

primarily responsible for writing the application be provided. Providing this information is voluntary and will in no way be used to influence the acceptance or review of the application. When submitting the information, please insert the completed sheet behind the application face page.

A **COMPLETE** application consists of the following components **IN THE ORDER SPECIFIED BELOW.** A description of each of these components can be found in Part II.

_____FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in Part II for instructions.)

_____OPTIONAL INFORMATION ON APPLICATION WRITER (See note above)

_____ABSTRACT (not to exceed 35 lines. The first five lines may be used for the summary for publications, reports to Congress, press releases, etc.)

_____TABLE OF CONTENTS (include page numbers for each of the major sections of the Program Narrative, as well as for each appendix)

_____BUDGET FORM (Standard Form 424A - See Appendix B in Part II for instructions.)

_____PROGRAM NARRATIVE (The information requested for sections A and B of the Program Narrative is discussed in the subsections with the same titles in Section III - Project Requirements, and Section IV - Review of Applications. **Section A (Review of PRC Capability - Level One) may not exceed 10 single-spaced pages. Section B (Technical Merit of Implementation Plan - Level Two) may not exceed 25 single-spaced pages. The Program Narrative will not exceed a total of 35 single-spaced pages allocated across Section A and B as specified. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant.**)

       _____A.   Review of PRC Capability (Level One)
       _____B.   Technical Merit of Implementation Plan (Level Two)
             _____1.   Project Description and Supporting Documentation
             _____2.   Project Approach/Plan
             _____3.   Sample Pilot and Knowledge Application Evaluation Studies: Design, Methodology and Analysis Plan

_____4.   Project Management: Project Implementation
           Plan, Organization, Staff,
           Equipment/Facilities and Other Support

**There are no page limits for the following sections except as noted
in Biographical Sketches/Job Descriptions.**

_____C.   Literature Citations (This section must contain
           complete citations, including titles and all authors,
           for literature cited in the application.)

_____D.   Budget Justification/Existing Resources/Other Support

_____Sections B, C, and E of the Standard Form 424A must be
filled out according the instructions in Part II, Appendix
B.

_____A line item budget and specific justification in
narrative form for the first project year's direct costs
AND for each future year must be provided. For contractual
costs, provide a similar yearly breakdown and justification
for ALL costs (including overhead or indirect costs.

_____All other resources needed to accomplish the project
for the life of the grant (e.g., staff, funds, equipment,
office space) and evidence that the project will have
access to these, either through the grant or, as
appropriate, through other resources, must be specified.

Other Support ("Other Support" refers to all current or
pending support related to this application. Applicant
organizations are reminded of the necessity to provide full
and reliable information regarding "other support," i.e.,
all Federal and non-Federal active or pending support.
Applicants should be cognizant that serious consequences
could result if failure to provide complete and accurate
information is construed as misleading to the PHS and
could, therefore, lead to delay in the processing of the
application. In signing the face page of the application,
the authorized representative of the applicant organization
certifies that the application information is accurate and
complete.

For your organization and key organizations that are
collaborating with you in this proposed project, list all
currently active support and any applications/proposals

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pending review or funding that relate to the project. If
there are none, state "none." For all active and pending
support listed, also provide the following information:

1.   Source of support (including identifying number and
     title).
2.   Dates of entire project period.
3.   Annual direct costs supported/requested.
4.   Brief description of the project.
5.   Whether project overlaps, duplicates, or is being
     supplemented by the present application; delineate
     and justify the nature and extent of any programmatic
     and/or budgetary overlaps.

_____E.   Biographical Sketches/Job Descriptions
A biographical sketch must be included for the project director
and for other key positions. Each of the biographical sketches
must not exceed **2 pages** in length. In the event that a
biographical sketch is included for an individual not yet hired,
a letter of commitment from that person must be included with
his/her biographical sketch. Job descriptions for key personnel
must not exceed **1 page** in length. The suggested contents for
biographical sketches and job descriptions are listed in Item 6
in the Program Narrative section of the PHS 5161-1.

_____F.   Confidentiality/Protection of Human Subjects
The information provided in this section will be used to
determine whether the level of protection of human subjects
appears adequate or whether further provisions are needed,
according to standards set forth in Title 45, Part 46, of the
Code of Federal Regulations. Adequate protection of human
subjects is an essential part of an application and will be
considered in funding decisions.

Projects proposed under this announcement may expose
participants to risks in as many ways as projects can differ
from each other. Following are some examples, but they do not
exhaust the possibilities. Applicants should report in this
section any foreseeable risks for project participants, and the
procedures developed to protect participants from those risks,
as set forth below. Applicants should discuss how each element
will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of
human subjects, confidentiality, and other ethical concerns can
be evaluated, the information requested below, which may appear

in other sections of the narrative, should be included in this section of the application, as well.

1. <u>Protection from Potential Risks</u>:

    (a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.

    (b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.

    (c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

    (d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. <u>Equitable selection of participants</u>:

    Target population(s):

    Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

(a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.

(b) Explain the rationale for the use of special classes of subjects, such a pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3.   Absence of Coercion:

(a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).

(b) If participants are paid or awarded gifts for involvement, explain the remuneration process.

(c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4.   Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide, in Appendix No. 4, entitled "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements.

5.   Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6.   Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those who English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

(c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they

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understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. 5, entitled "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7.   Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

_____APPENDICES (Only the appendices specified below may be included in the application. **These appendices must not be used to extend or replace any of the required sections of the Program Narrative.** The total number of pages in the appendices **CANNOT EXCEED 30 PAGES,** excluding all instruments.)

_____Appendix 1:   Schedules and Time Lines of Activities,
                 Events, Reports and Products . . . . .
_____Appendix 2:   Documentation Related to Coordination
                 with Other Federal/Non-Federal
                 Programs. . . . .
_____Appendix 3:   Copy of Letter(s) to SSA(s) . . . . . .

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names. In addition, in accepting the award the Grantee agrees to provide SAMHSA with GPRA Client Outcome and Evaluation Data.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG and the CSAT National Advisory Council review process.

Other award criteria will include:

- C Availability of funds.
- C Geographic balance, including rural/urban areas.

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

    Frances Cotter, Project Officer
    Office of Managed Care
    Center for Substance Abuse Treatment
    Substance Abuse and Mental Health Services Administration
    Rockwall II, Suite 740
    5600 Fishers Lane
    Rockville, MD 20857
    (301) 443-8796

Questions regarding grants management issues may be directed to:

    Christine Chen
    Division of Grants Management, OPS
    Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 630
    5600 Fishers Lane
    Rockville, Maryland 20857
    (301) 443-8926

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative* (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation" over the past year. The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc. However, as the steward of the NTP, CSAT has incorporated proposals for the commencement of implementation of several of the Plan's recommendations into its FY 2001 and FY 2002 budget planning.

Copies of the NTP may be downloaded from the SAMHSA web site–www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

CSAT's GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law 103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

CENTER (OR MISSION) GPRA OUTCOMES

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[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's <u>Performance Measures of Effectiveness:</u>

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in <u>Performance Measures of Effectiveness</u> to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSATs "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

!   Goal 1: Assure services availability;

!   Goal 2: Meet unmet and emerging needs;

!   Goal 3: Bridge the gap between research and practice;

!   Goal 4: Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development   SAPTBG - Substance Abuse Prevention and Treatment Block Grant
KA - Knowledge Application   TCE - Targeted Capacity Expansion
NDC - National Data Collection/Data Infrastructure

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance

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[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

measures or methods for collecting and analyzing the data.[3] In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented <u>for discussion purposes</u>.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase % of adults receiving services who:
     (a) were currently employed or engaged in productive activities;
     (b) had a permanent place to live in the community;
     (c) had no/reduced involvement with the criminal justice system..

- Percent decrease in
     (a) Alcohol use;
     (b) Marijuana use;
     (c) Cocaine use;
     (d) Amphetamine use;
     (e) Opiate use.

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements

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[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- **!** Were identified needs met?
- **!** Was service availability improved?
- **!** Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- **!** Percent of adults receiving services increased who:
  a) were currently employed or engaged in productive activities
  b) had a permanent place to live in the community
  c) had reduced involvement with the criminal justice system
  d) had no past month use of illegal drugs or misuse of prescription drugs
  e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

- **!** Percent of children/adolescents under age 18 receiving services who:
  a) were attending school
  b) were residing in a stable living environment
  c) had no involvement in the juvenile justice system
  d) had no past month use of alcohol or illegal drugs
  e) experienced reduced substance abuse related health, behavior, or social. consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes XX multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and

methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

! Knowledge was developed; and
! The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4] In addition, input on other topics (such as what additional work in the area may be needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This "program" involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development

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[4]The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving "best practices," as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected

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[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

  On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.